

Case Number:	CM13-0027003		
Date Assigned:	11/22/2013	Date of Injury:	08/09/2001
Decision Date:	02/11/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient reported injury date of 08/09/01. The patient has left knee osteoarthritis which reportedly has not responded to therapy, medications, a corticosteroid injection and viscosupplementation. The patient reportedly already has a right total knee replacement. A left total knee replacement has been requested. The patient had left knee arthroscopy in the past and reportedly has grade III to IV changes of the trochlea and grade II changes of the patella. The patient also underwent a previous tibial tubercle osteotomy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

left total knee replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery - Knee arthroplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter and Indications for Surgery - Knee arthroplasty

Decision rationale: The requested total knee replacement cannot be recommended as medically necessary. Evidence based guidelines, such as Official Disability Guidelines, have clear

requirements for knee arthroplasty. The Official Disability Guidelines specifically indicate the patient should be over the age of 50 and have a body mass index of less than 35. This patient is only 45 years-old and is morbidly obese. Records indicate that the patient is 5'11" tall and 280 pounds. This equates to a body mass index of 39. The patient therefore does not meet age or body mass index criteria for knee arthroplasty. Though records suggest that the patient is doing well at this time following a knee arthroplasty on the opposite side, young, obese patients would be destined to early failure with knee replacement surgery. These patients would place too much stress on the prosthesis over the course of their lifetime which would lead to early failure and potentially multiple revision procedures. Accordingly, the patient does not meet evidence based criteria for knee arthroplasty at this time based on the information reviewed.

inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee chapter

Decision rationale: The concomitantly requested inpatient stay would not be recommended as medically necessary based on the non-recommendation for the total knee replacement surgery.

DME-Continuous Passive Motion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee chapter

Decision rationale: The concomitantly requested CPM machine unit would not be recommended as medically necessary based on the non-recommendation for the total knee replacement surgery.

DME-Cold Therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee chapter

Decision rationale: The concomitantly requested cold therapy unit would not be recommended as medically necessary based on the non-recommendation for the total knee replacement surgery.